

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004177

FILED
Feb 05, 2007
Secretary of State

Entity Name: HIGHLANDS SENIOR CENTER, INC.

Current Principal Place of Business:

209 CRANE ST.
SEBRING, FL 33872

New Principal Place of Business:

3400 SEBRING PARKWAY
SEBRING, FL 33870

Current Mailing Address:

P.O. BOX 9016
SEBRING, FL 33872

New Mailing Address:

FEI Number: 57-1230276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCQUEEN, ROBERT C.
209 CRANE ST.
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: MCQUEEN, AHN
Address: 209 CRANE ST.
City-St-Zip: SEBRING, FL 33872

Title: DP () Delete
Name: MCQUEEN, ROBERT C.
Address: 209 CRANE ST.
City-St-Zip: SEBRING, FL 33872

Title: DV () Delete
Name: MILLER, RICHARD
Address: 3926 THUNDERBIRD HILL CIR.,
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: GROMALSKI, CHRISTINE
Address: 315 ROBIN AVE.
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: HOMER, JOYCE
Address: 319 QUAIL AVE.
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: HAINS, JAMES
Address: 3651 US 27 SOUTH, LOT 35
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: ROBERTS, MILLIE
Address: 221 S. HUCKLEBERRY RD.
City-St-Zip: SEBRING, FL 33875

Title: D (X) Change () Addition
Name: MARKOS, TED
Address: 1105 FOREST RD.
City-St-Zip: SEBRING, FL 33872

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. MCQUEEN

P

02/05/2007

Electronic Signature of Signing Officer or Director

Date